UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TEMPORARY

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number 3235-0076 Expires: March 15, 2008 Estimated average burden hours per response 4.00



| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Participating shares of Highbridge Asia Opportunities Institutional Fund, Ltd. | | | | | | | | | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 50 | O6 Section 4(6) ULOE | | | | | | | | |
| Type of Filing: New Filing Amendment | | | | | | | | | |
| A. BASIC IDENTIFICATION DATA | PROCESSED | | | | | | | | |
| Enter the information requested about the issuer | PROCESSES | | | | | | | | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) MAR 2 7 2009 | | | | | | | | | |
| Highbridge Asia Opportunities Institutional Fund, Ltd. | | | | | | | | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area) Code (212) 287-4900 | | | | | | | | |
| 9 West 57th Street, 27th Floor, New York, New York 10019 | (212) 287-4900 JIVIO JIVI JIVI | | | | | | | | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) | | | | | | | | |
| Brief Description of Business Private Investment Fund | | | | | | | | | |
| Type of Business Organization corporation | | | | | | | | | |
| Month Year | | | | | | | | | |
| Actual or Estimated Date of Incorporation or Organization: 03 08 Actual | Estimated | | | | | | | | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: | | | | | | | | | |
| CN for Canada: FN for other foreign jurisdiction) FN | | | | | | | | | |

GENERAL INSTRUCTIONS

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Washington, DC

Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (9-08)

1 of 8

| | 1 | | A. BASIC I | DENTIFICATION DAT | ΓΑ | |
|--------|----------------------------|-------------------|-----------------------------|------------------------------|-----------------|--|
| 2. E | nter the information re | quested for the | following: | | | |
| • | Each promoter of t | he issuer, if the | issuer has been organize | d within the past five year | ·s; | |
| • | Each beneficial ow issuer; | mer having the | power to vote or dispose, | , or direct the vote or disp | osition of, 10% | or more of a class of equity securities of the |
| • | Each executive off | icer and directo | r of corporate issuers and | of corporate general and | managing partn | ers of partnership issuers; and |
| • | Each general and r | nanaging partne | er of partnership issuers. | | | |
| Check | Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full N | lame (Last name first, | if individual) | | | | |
| Dubi | n, Glenn | | | | | |
| Busin | ess or Residence Addi | ess (Number ar | nd Street, City, State, Zip | Code) | | |
| 9 We | st 57th Street, 27th | Floor, New | York, New York, 100 | 19 | | |
| Check | Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full N | lame (Last name first, | if individual) | | | | |
| Craw | shaw, Richard | | | | | |
| Busine | ess or Residence Addi | ress (Number ar | nd Street, City, State, Zip | Code) | | |
| | Box 10763 Grand | Cayman KY1 | l-1007, Cayman Islan | ds, British West Indie | es | |
| P.O. | | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| | Box(es) that Apply: | _ | | | | Managing Farther |
| Check | Box(es) that Apply: | | | | | Managing Farther |

Executive Officer

Executive Officer*

Executive Officer

☐ Executive Officer

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Director

Director

Director

Director

General and/or

General and/or
Managing Partner

General and/or

Managing Partner

Managing Partner

Managing Partner*

Box 30142 SMB Grand Cayman, Cayman Islands, British West Indies

Beneficial Owner

Beneficial Owner

Beneficial Owner

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code) 9 West 57th Street, 27th Floor, New York, New York 10019

Business or Residence Address (Number and Street, City, State, Zip Code)

9 West 57th Street, 27th Floor, New York, New York 10019

Check Box(es) that Apply: Promoter Beneficial Owner E

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

*Trading Manager of the Issuer (the "Trading Manager")

Check Box(es) that Apply:

Oliva, John

Full Name (Last name first, if individual)

Highbridge Capital Management, LLC

Check Box(es) that Apply: Promoter

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Check Box(es) that Apply:

*Chief Compliance Officer of the Trading Manager

| | | | | | E | 3. INFOR | MATION | ABOUT | OFFERI | NG | | | - | | |
|--|-----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---|--|-------------|----------|
| 1. Has the | issuer | sold, or o | loes the is | suer intend | l to sell, to | non-accre | dited inve | stors in thi | s offering | ? | | •••• | | Yes | No ⊠ |
| | | | | Answe | r also in A | ppendix, (| Column 2, | if filing ur | nder ULOF | Ξ. | | | | LJ | |
| Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | \$ <u>2,000,0</u> | <u>00*</u> | | | | | | |
| *the Admini | istrato | or in its d | iscretion | may accep | ot lower a | mounts | | | | | | | | | |
| 3. Does the | e offei | ring perm | it joint ow | nership of | a single u | nit? | | ••••• | | | | | ••••• | Yes ⊠ | No □ |
| remuner | ration or age e (5) j | for solici nt of a br | tation of p oker or de | ourchasers aler regist | in connec ered with | tion with s the SEC a | ales of second alor with | curities in a state or | the offering states, list | ig. If a pe the name | rson to be of the bro | listed is a ker or dea | on or similar in associated iler. If more nat broker or | | |
| Full Name (L | ast na | me first, | if individu | ial) | | | | | | | | | | | |
| Business or F 270 Park A | | | | | | State, Zip | Code) | | | | | | | | |
| Name of Ass J.P. Morga | - | | | | | | | | | | | | | | |
| States in Whi | | | | licited or I | ntends to S | Solicit Pure | hasers | | | | | | | | |
| (C | heck " | 'All State: | s" or check | k individua | al States) | | | | | | | *************************************** | | 🛚 Al | l States |
| [A [IL [M [R | .] [T] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |
| Full Name (L | ast na | ıme first, | if individu | ial) | | | | | | | | | | - | |
| Business or F | Reside | nce Addr | ess (Numb | per and Str | eet, City, | State, Zip | Code) | | | | | | | | |
| Name of Ass | ociate | d Broker | or Dealer | | | | | | | | | | | | |
| States in Wh | ich Pe | rson Liste | d Has So | icited or I | ntends to S | Solicit Purc | hasers | | | | | | | | |
| (Check | "All S | states" or | check indi | vidual Sta | tes) | | ************* | | | | | | | 🗀 Al | States |
| [A [IL [M [R | .} [T] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME} [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |
| Full Name (L | ast na | ime first, | if individu | ıal) | | <u>.</u> | | | | | | | | | |
| Business or F | Reside | nce Addr | ess (Numl | per and Str | eet, City, | State, Zip | Code) | | | | | | | | |
| Name of Ass | ociate | d Broker | or Dealer | | | | | | | | - | | | | |
| States in Whi | ich Pe | rson Liste | ed Has Sol | licited or I | ntends to S | Solicit Purc | hasers | | o | | | | | | |
| (Check "All States" or check individual States) | | | | | | | ••••• | | States | | | | | | |
| [A [IL [M [R: | .] [T] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |
| | | | (Use t | olank sheet | , or copy a | and use add | litional co | pies of this | sheet, as | necessary. |) | | | | |
| | | C. | OFFER | ING PRI | CE, NUI | MBER O | F INVES | STORS. | EXPENS | ES AND | USE OF | PROCE | EEDS | | |

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
|----|--|-----------------------------|-------------|--|
| | Type of Security | Aggregate Offering Price | | Amount Already Sold |
| | Debt | \$ | | \$ |
| | Equity | \$10,000,000,000 | _ | \$100,000,000 |
| | ⊠Common | | | |
| | Convertible Securities (including warrants) | \$ | | \$ |
| | Partnership Interests | \$ | | \$ |
| | Other (Specify) | | | \$ |
| | Total | \$10,000,000,000 | | \$100,000,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | - |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | |
| | | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 1 | | \$100,000,000 |
| | Non-accredited Investors | | | \$ |
| | Total (for filings under Rule 504 only) | | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. | | | |
| | Type of Offering | Type of Security | | Dollar Amount Sold |
| | Rule 505 | , | | \$ |
| | Regulation A | | _ | \$ |
| | Rule 504 | | _ | \$ |
| | Total | | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fees | | | \$ |
| | Printing and Engraving Costs | | | \$ |
| | Legal Fees | | \boxtimes | \$80,000 |
| | Accounting Fees | | \boxtimes | \$20,000 |
| | Engineering Fees | ••••• | | \$ |
| | Sales Commissions (specify finders' fees separately) | | | \$ |
| | Other Expenses (identify) | | | |
| | Total | | \boxtimes | \$ <u>100,000</u> |
| | b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Ouestion 4.a. This difference is the "adjusted gross proceeds to the issuer." | | | ana nae eee ez |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 5. | Indicate below the amount of the adjusted gross proceed proposed to be used for each of the purposes shown, purpose is not known, furnish an estimate and check the estimate. The total of the payments listed must exproceed to the issuer set forth in response to Part C – Q | | | | | |
|----------------|---|--|----------------------|--|-----------------------|--|
| | | | Óff Direc Affi | ents to icers, tors, & liates | Payments to Others | |
| | Salaries and fees | □ \$ | | | | |
| | Purchase of real estate | \$ | | | | |
| | Purchase, rental or leasing and installation of machinery | and equipment | □ \$ | | □ \$ | |
| | Construction or leasing of plant buildings and facilities. | | S | | □ \$ | |
| | Acquisition of other businesses (including the value involved in this offering that may be used in exchange of securities of another issuer pursuant to a merger) | for the assets | \$ | | \$ | |
| | Repayment of indebtedness | | □ \$ | | | |
| | Working capital | | \$ | | | |
| • | Other (specify): Investment Capital | ⊠ \$ <u>9,999,</u> 9 | 000,000 | _ 🗆 \$ | | |
| | Column Totals Total Payments Listed (column totals added) | | ⊠ \$ <u>9,999,9</u> | 900,000 ⊠ \$ <u>9,999,</u> | | |
| | D. FEDE | RAL SIGNATURE | | | | |
| followi | uer has duly caused this notice to be signed by the unde ng signature constitutes an undertaking by the issuer to of its staff, the information furnished by the issuer to any | furnish to the U.S. Sec | urities and E | Exchange Com | mission, upon written | |
| | Print or Type) ridge Asia Opportunities Institutional Fund, Ltd. | Signature | <i></i> | Date 3/10 | 109 | |
| Name of John C | of Signer (Print or Type) Oliva | Title of Signer (Print or Chief Compliance Off the Trading Manager | icer of Highb | | Management, LLC, | |
| | | | | | | |

END